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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF MISSOURI	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	First name Michael Middle name Baber Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-1096	

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Debtor 1 Jeffrey Michael Baber

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs		
5.	Where you live	10932 North Donnelly Avenue	If Debtor 2 lives at a different address:		
		Kansas City, MO 64157 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Clay			
		County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:	Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Debtor 1 Jeffrey Michael Baber Case number (if known) Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When Case number District 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When District Case number, if known Debtor Relationship to you When Case number, if known District 11. Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of

No. Go to line 12.

this bankruptcy petition.

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Debtor 1 Jeffrey Michael Baber Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention? For example, do you own perishable goods, or Where is the property? livestock that must be fed, or a building that needs urgent repairs? Number, Street, City, State & Zip Code

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Debtor 1 **Jeffrey Michael Baber**

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Jeffrey Michael Ba	aber		Case numb	DET (if known)
Part	6: Answer These Quest	ions for R	eporting Purposes		
16.	What kind of debts do you have?	16a.		consumer debts? Consumer debts are det sonal, family, or household purpose."	fined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.		pusiness debts? Business debts are debts estment or through the operation of the business	
			□ No. Go to line 16c.	oomion of anough the operation of the 24	
			☐ Yes. Go to line 17.		
		16c.		owe that are not consumer debts or busine	ess debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	r 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and	■ Yes.		Do you estimate that after any exempt pro vailable to distribute to unsecured creditors	perty is excluded and administrative expenses s?
	administrative expenses		■ No		
	are paid that funds will be available for		☐ Yes		
	distribution to unsecured creditors?				
18.	How many Creditors do	■ 1-49		□ 1,000-5,000	□ 25,001-50,000
	you estimate that you owe?	■ 1-49 □ 50-99		5001-10,000	5 0,001-100,000
	owe:	□ 100-1		☐ 10,001-25,000	☐ More than100,000
		□ 200-9	99		
19.	How much do you	□ \$0 - \$	50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion
			001 - \$500,000 001 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
		— \$500,			
20.	How much do you estimate your liabilities	□ \$0 - \$		☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	to be?		001 - \$100,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$100 million	☐ More than \$50 billion
		— \$000,			
Part	Sign Below				
For	you	I have ex	amined this petition, and I de-	clare under penalty of perjury that the info	rmation provided is true and correct.
				 I am aware that I may proceed, if eligible relief available under each chapter, and I c 	e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7.
				not pay or agree to pay someone who is no notice required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this
		I request	relief in accordance with the	chapter of title 11, United States Code, spe	ecified in this petition.
		bankrupt and 3571	cy case can result in fines up	t, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20	or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,
			ey Michael Baber Michael Baber	Signature of Debt	or 2
			e of Debtor 1	Signature of Debt	
		Executed	d on August 7, 2019	Executed on	
			MM / DD / YYYY		M / DD / YYYY

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Debtor 1 Jeffrey Michael Baber Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Nell Adams	Date	August 7, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Nell Adams 32962		
Printed name		
Adams Law Offices		
Firm name		
1400 SW US Highway 40		
Blue Springs, MO 64015-4616		
Number, Street, City, State & ZIP Code		
Contact phone 816-228-1776	Email address	adamslawoffices@sbcglobal.net
32962 MO		
Bar number & State		

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Missouri

In	re Jeffrey Michael Baber	, , , , , , , , , , , , , , , , , , , 	Case No.		
		Debtor(s)	Chapter	7	
1		MPENSATION OF ATTOR		` ,	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. compensation paid to me within one year before be rendered on behalf of the debtor(s) in contempts.	the filing of the petition in bankruptcy, oplation of or in connection with the bank	or agreed to be paid cruptcy case is as fol	to me, for services rea	
	For legal services, I have agreed to accept		\$	1,395.00	
	Prior to the filing of this statement I have re	eceived	\$	1,395.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclose	ed compensation with any other person u	nless they are mem	pers and associates of	my law firm.
	☐ I have agreed to share the above-disclosed copy of the agreement, together with a list of				w firm. A
5.	In return for the above-disclosed fee, I have agree	eed to render legal service for all aspects	of the bankruptcy c	ase, including:	
		ales, statement of affairs and plan which is fereditors and confirmation hearing, and occeedings and other contested bankruptcy ors to reduce to market value; exercise as needed; preparation as needed;	may be required; If any adjourned hea If matters; If mption planning;	rings thereof; preparation and fi	iling of
6.	By agreement with the debtor(s), the above-discl Representation of the debtors in a	any adversary proceeding and cor		er chapter.	
		CERTIFICATION			
this	I certify that the foregoing is a complete stateme s bankruptcy proceeding.	nt of any agreement or arrangement for p	payment to me for re	epresentation of the de	ebtor(s) in
_	August 7, 2019	/s/ Nell Adams			
	Date	Nell Adams 32962 Signature of Attorney			
		Adams Law Office			
		1400 SW US High	way 40		
		Blue Springs, MO			
		816-228-1776 Fax adamslawoffices@			
		adamsiawoffices	_ຂ ຣນcgiobai.net		

Name of law firm

Allied Interstate PO Box 1954 Southgate MI 48195-0954

CareCredit/Synchrony Bank ATTN: Bankruptcy Dept. PO Box 965064 Orlando FL 32896-5064

Citi Cards
ATTN: Bankruptcy Dept
PO Box 6500
Sioux Falls SD 57117-6500

CKS Financial PO Box 2856 Chesapeake VA 23327-2856

Client Services Inc. 3451 Harry S. Truman Road Saint Charles MO 63301-4047

Commerce Bank Attn: Bankruptcy Dept. PO Box 411036 Kansas City MO 64141-1036

Dipoto Counseling Group PO Box 28065 Kansas City MO 64188

Discover PO Box 30943 Salt Lake City UT 84130-0943

Emily Hayes 10932 North Donnelly Kansas City MO 64157

Ford Motor Credit Co. Bankruptcy Dept. One American Road Dearborn MI 48126-2701 IC Systems Inc. PO Box 64437 Saint Paul MN 55164-0437

McNeile Pappas PC 14701 East 42nd Street Independence MO 64055

Midland Credit Management 350 Cameno De La Reina, Suite 100 San Diego CA 92108

NCB Management Services Inc PO BOx 1099 Langhorne PA 19047

Proper Marketplace Inc 444 Highway 96 East PO Box 64378 Saint Paul MN 55164

Prosper Funding LLC PO Box 396081 San Francisco CA 94139

Sinature Behavorial Healthcare 2900 Clay Edward Drive Kansas City MO 64116

United Wholesale Mortgage PO Box 77404 Ewing NJ 08828

Velocity Investments, LLC PO Box 788 Wall NJ 07719

Verizon Wireless 500 Technology Drive Suite 550 Weldon Spring MO 63304 Case 19-42036-drd7 Doc 1 Filed 08/08/19 Entered 08/08/19 10:07:54 Desc Main Document Page 11 of 59

United States Bankruptcy Court Western District of Missouri

In re	Jeffrey Michael Baber		Case No.				
		Debtor(s)	Chapter 7				
	<u>VER</u>	VERIFICATION OF MAILING MATRIX					
	The above-named Deb	tor(s) hereby verifies that the att	ached list of creditors is				
	true and correct to the best of my knowledge and includes the name and address of my						
	ex-spouse (if any).						
Date:	August 7, 2019	/s/ Jeffrey Michael Baber					
		Jeffrey Michael Baber					
		Signature of Debtor					

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Fill in this infor	mation to identify your	case:		
Debtor 1 Jeffrey Michael Baber				
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (OF MISSOURI	
Case number				
(if known)				☐ Check if this is amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pai	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	250,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	56,853.2
	1c. Copy line 63, Total of all property on Schedule A/B	\$	306,853.2
Paı	t 2: Summarize Your Liabilities		
			abilities at you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	265,165.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	57,636.3
	Your total liabilities	\$	322,801.30
Paı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,091.4
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,036.42
Pai	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
7.	■ Yes What kind of debt do you have?		
7.	-	ı personal	, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 **Jeffrey Michael Baber** Case number (if known)

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.

\$_____8,454.66

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total cla	im
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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				Docu	ument	Page 14 of 59		•	
Fill	n this inform	ation to identify	your case and th	nis filing	:				
Deb	tor 1	Jeffrey Mich		e Name		Last Name			
Deb	tor 2	riist ivaille	ivildale	e inallie		Last Name			
(Spou	se, if filing)	First Name	Middle	e Name		Last Name			
Unit	ed States Ban	kruptcy Court for	the: WESTERN	I DISTRI	CT OF MIS	SOURI			
Cas	e number								☐ Check if this is an amended filing
S C n eac hink nform	hedule ch category, se it fits best. Be	as complete and a space is needed,	roperty escribe items. List a	le. If two	married peop	f an asset fits in more than one ole are filing together, both are the top of any additional pages	equally resp	onsible for su	pplying correct
		ave any legal or eq				Own or Have an Interest In			
1.1				What	is the proper	rty? Check all that apply			
	10932 North Donnelly Avenue Street address, if available, or other description			■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative		the amount	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property.		
	Kansas Cit	sy MO	64157-0000 ZIP Code		Manufacture Land Investment	ed or mobile home	Current va entire prop		Current value of the portion you own? \$250,000.00
	,			Uho l	Timeshare Other	est in the property? Check one	Describe t	Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, o a life estate), if known. Fee simple	
	01				Debtor 1 onl	ly	Fee sim		
	County				At least one	d Debtor 2 only of the debtors and another	(see ins	structions)	munity property
		r value of the po				you wish to add about this ite ttion number:	, 30011 43 10		

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

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Debt	or 1 <u>Jeff</u>	rey Michael Baber		Case number (if known)	
3. C a	rs, vans, tru	ucks, tractors, sport utility vel	hicles, motorcycles		
		, , , ,	•		
	No				
	Yes				
3.1	Make: F	Ford	Who has an interest in the property? Check one		claims or exemptions. Put red claims on <i>Schedule D:</i>
	Model:	Escape	■ Debtor 1 only		aims Secured by Property.
	Year: 2	2018	☐ Debtor 2 only	Current value of the	Current value of the
	Approximate	e mileage:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inform	nation:	At least one of the debtors and another		
				\$13,000.00	\$13,000.00
			☐ Check if this is community property (see instructions)	—————————————————————————————————————	Ψ10,000.00
-		PI		Do not doduct socured a	claims or exemptions. Put
3.2		Ford	Who has an interest in the property? Check one	the amount of any secu	red claims on Schedule D:
		Ranger	Debtor 1 only	Creditors Who Have Cla	aims Secured by Property.
	-	2000	Debtor 2 only	Current value of the	Current value of the
	Approximate	<u> </u>	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inform	nation:	☐ At least one of the debtors and another		
			Check if this is community property (see instructions)	\$3,000.00	\$3,000.00
				Do not doduct socured a	claims or exemptions. Put
3.3		Ford	Who has an interest in the property? Check one	the amount of any secu	red claims on Schedule D:
		Fiesta	Debtor 1 only	Creditors Who Have Cla	aims Secured by Property.
		2019	Debtor 2 only	Current value of the	Current value of the
	Approximate		Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inform		At least one of the debtors and another		
		ner with daughter, yes; Daughter makes ents	☐ Check if this is community property (see instructions)	\$14,000.00	\$14,000.00
Exa	,		d other recreational vehicles, other vehicles, tercraft, fishing vessels, snowmobiles, motorcyc		
			n for all of your entries from Part 2, including that number here		\$30,000.00
Part :	Pescribe V	Your Personal and Household Ite	ame		
			terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	kamples: Maj No	ods and furnishings ijor appliances, furniture, linens,	, china, kitchenware		
	Yes. Descr	ibe			
	Yes. Descr		ision, 32" television		\$600.0

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

Case 19-42036-drd7 Doc 1 Filed 08/08/19 Entered 08/08/19 10:07:54 Desc Main Document Page 16 of 59 Debtor 1 **Jeffrey Michael Baber** Case number (if known) ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ■ Yes. Describe..... \$200.00 Clothing 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$200.00 Wedding ring and necklace 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,000.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes.....

17. Deposits of money Examples: Checking, savings, or other financial accounts: certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

□ No

Institution name: ■ Yes.....

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Debtor 1	Jeffrey Michael Bal	ber	Case number (if kno	wn)
	17.1.	Credit Union	Community America Credit Union #6362 checking and savings	\$200.00
	s, mutual funds, or publi nples: Bond funds, investm		erage firms, money market accounts	
☐ Yes		Institution or issuer na	ame:	
	publicly traded stock and venture	I interests in incorpor	rated and unincorporated businesses, including an inte	erest in an LLC, partnership, and
☐ Yes	. Give specific information Na	n about them ame of entity:	 % of ownership:	
Nego Non-i ■ No	tiable instruments include negotiable instruments are . Give specific information	personal checks, cashi those you cannot trans	able and non-negotiable instruments iers' checks, promissory notes, and money orders. sfer to someone by signing or delivering them.	
Exam □ No	ment or pension accour nples: Interests in IRA, ER	ISA, Keogh, 401(k), 403	3(b), thrift savings accounts, or other pension or profit-shar	ring plans
	Туре	of account:	Institution name:	
	401((k)	National Employee Service Center	\$25,653.25
Your		its you have made so the	hat you may continue service or use from a company ublic utilities (electric, gas, water), telecommunications com	npanies, or others
☐ Yes			Institution name or individual:	
23. Annui	ities (A contract for a perio	odic payment of money	to you, either for life or for a number of years)	
☐ Yes	Issuer nar	me and description.		
	sts in an education IRA, s.C. §§ 530(b)(1), 529A(b),		alified ABLE program, or under a qualified state tuition	program.
☐ Yes	Institution	name and description.	Separately file the records of any interests.11 U.S.C. § 52	1(c):
■ No	•	, , ,	ner than anything listed in line 1), and rights or powers	exercisable for your benefit
☐ Yes	. Give specific information	about them		
			l other intellectual property s from royalties and licensing agreements	
☐ Yes	. Give specific information	about them		
	ses, franchises, and other ples: Building permits, exc		s rative association holdings, liquor licenses, professional lic	eenses
☐ Yes	. Give specific information	about them		
Money or	property owed to you?			Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

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De	btor 1	Jeffrey Michael Ba	aber	Case number (if known)	
	Tax ref ■ No	unds owed to you			
		Give specific information	n about them, including whether yo	u already filed the returns and the tax years	
	Examp ■ No	support oles: Past due or lump so		support, maintenance, divorce settlement, property	settlement
	Examp ■ No	benefits; unpaid loa	ability insurance payments, disabilit ans you made to someone else	y benefits, sick pay, vacation pay, workers' compe	nsation, Social Security
	⊔ Yes.	Give specific information	on		
	Examp ■ No		or life insurance; health savings acco	ount (HSA); credit, homeowner's, or renter's insurar	nce
	⊔ Yes.		mpany of each policy and list its val Company name:	ue. Beneficiary:	Surrender or refund value:
	If you a someo			as died life insurance policy, or are currently entitled to reco	eive property because
	<i>Examp</i> ■ No		ment disputes, insurance claims, or	awsuit or made a demand for payment rights to sue	
	No			luding counterclaims of the debtor and rights to	set off claims
	⊔ Yes.	Describe each claim			
	No	ancial assets you did Give specific information			
36.			of your entries from Part 4, includer here	ing any entries for pages you have attached	\$25,853.25
Pai	t 5: De	scribe Any Business-Rela	ated Property You Own or Have an Int	erest In. List any real estate in Part 1.	
_		own or have any legal or e	equitable interest in any business-rela	ated property?	
_	_				
_	⊿ Yes. G	So to line 38.			
Pai			mmercial Fishing-Related Property Yo in farmland, list it in Part 1.	ou Own or Have an Interest In.	
46.		own or have any lega Go to Part 7.	al or equitable interest in any farn	n- or commercial fishing-related property?	
	☐ Yes	. Go to line 47.			
		=			

Describe All Property You Own or Have an Interest in That You Did Not List Above

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Debt	tor 1 Jeffrey Michael Baber			
	Oo you have other property of any kind you did not already list? Examples: Season tickets, country club membership			
	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write tha	at number here		\$0.00
Part	List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$250,000.00
56.	Part 2: Total vehicles, line 5	\$30,000.00	_	
57.	Part 3: Total personal and household items, line 15	\$1,000.00		
58.	Part 4: Total financial assets, line 36	\$25,853.25		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$56,853.25	Copy personal property total	\$56,853.25
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$306,853.25

Official Form 106A/B Schedule A/B: Property page 6

\$306,853.25

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Fill in this infor					
Debtor 1	Jeffrey Michael B	aber			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		WESTERN DISTRICT (OF MISSOURI		ı
Case number (if known)					☐ Check if this is an
					amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming?	Check one only, even	if your spouse is filing with you.
----	---	----------------------	------------------------------------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	ne Amount of the exemption you claim		Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
10932 North Donnelly Avenue Kansas City, MO 64157 Clay County	\$250,000.00		\$11,835.00	RSMo § 513.475
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2000 Ford Ranger 150000 miles	\$3,000.00		\$3,000.00	RSMo § 513.430.1(5)
Line Irom Schedule AVB. 3.2			100% of fair market value, up to any applicable statutory limit	
Dryer, 40" television, 32" television Line from Schedule A/B: 6.1	\$600.00		\$600.00	RSMo § 513.430.1(1)
Ellie II olii ochedale 74 B. G.1			100% of fair market value, up to any applicable statutory limit	
Clothing Line from Schedule A/B: 11.1	\$200.00		\$200.00	RSMo § 513.430.1(1)
Line Iron Schedule AVD. 11.1			100% of fair market value, up to any applicable statutory limit	
Wedding ring and necklace Line from Schedule A/B: 12.1	\$200.00		\$200.00	RSMo § 513.430.1(2)
LITE HOTH SCHEdule A/D. 12.1			100% of fair market value, up to any applicable statutory limit	

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Debtor	1 Jeffrey Michael Baber			Case number (if known)	
	ief description of the property and line on hedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	redit Union: Community America redit Union #6362 checking and	\$200.00		\$200.00	RSMo § 513.430.1(3)
sa	ivings ne from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	
	01(k): National Employee Service	\$25,653.25		\$25,653.25	RSMo § 513.430.1(10)(f)
	ne from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
	e you claiming a homestead exemption ubject to adjustment on 4/01/22 and every No Yes. Did you acquire the property cover No Yes	3 years after that for ca	ises fi	·	,

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		Document Page	22 of 59		
Fill in this info	rmation to identify you				
Debtor 1	Jeffrey Michael	Baber			
	First Name	Middle Name Last Name	9		
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Name		-	
(Opouse II, IIIIIIg)	i iist ivaine				
United States B	Sankruptcy Court for the:	WESTERN DISTRICT OF MISSOURI		-	
Case number					
(if known)				_	if this is an
				ameno	ded filing
Official For	m 106D				
		Who Have Claims Secur	rod by Proport		40/45
Scriedule	D. Creditors	WIIO Have Claims Secui	ed by Propert	<u>y</u>	12/15
is needed, copy t	he Additional Page, fill it o	If two married people are filing together, both ar out, number the entries, and attach it to this forr			
number (if known	•				
	rs have claims secured by	• • •			
☐ No. Che	ck this box and submit t	his form to the court with your other schedule	s. You have nothing else	to report on this form.	
Yes. Fill	in all of the information	below.			
Part 1: List	All Secured Claims				
2. List all secure	d claims. If a creditor has i	more than one secured claim, list the creditor separ	ately Column A	Column B	Column C
		a particular claim, list the other creditors in Part 2. cal order according to the creditor's name.	As Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
inucii as possible	, list tile cialilis ili alpilabeti	cal order according to the creditor's name.	value of collateral.	claim	If any
	tor Credit Co.	Describe the property that secures the claim:	\$13,000.00	\$13,000.00	\$0.00
Creditor's Na	me	2018 Ford Escape			
Rankrun	otcy Dept.				
	erican Road	As of the date you file, the claim is: Check all that	nt .		
	n, MI 48126-2701	apply. ☐ Contingent			
Number, Stre	eet, City, State & Zip Code	☐ Unliquidated			
		Disputed			
Who owes the	debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage of	or secured		
Debtor 2 only		car loan)			
Debtor 1 and	Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)		
At least one of	f the debtors and another	☐ Judgment lien from a lawsuit			
Check if this community of	claim relates to a debt	Other (including a right to offset)	se Money Security		
Date debt was in	ncurred 12/22/2017	Last 4 digits of account number 24	69		

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Debtor 1 Jeffrey Michael Baber		Case number (if known)		
First Name Middle N	lame Last Name			
2.2 Ford Motor Credit Co.	Describe the property that secures the claim:	\$14,000.00	\$14,000.00	\$0.00
Creditor's Name	2019 Ford Fiesta			
	Joint owner with daughter, Emily			
	Hayes; Daughter makes all			
Bankruptcy Dept.	payments			
One American Road	As of the date you file, the claim is: Check all that			
Dearborn, MI 48126-2701	apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
Number, Street, City, State & Zip Code	<u> </u>			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
_				
Debtor 1 only	☐ An agreement you made (such as mortgage or s car loan)	secured		
Debtor 2 only	′			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Money Security		
Date debt was incurred 8/13/2018	Last 4 digits of account number 6633	3		
United Wholesale				
2.3 Mortgage	Describe the property that secures the claim:	\$238,165.00	\$250,000.00	\$0.00
Creditor's Name	10932 North Donnelly Avenue Kansas City, MO 64157 Clay County			
DO Day 77404	As of the date you file, the claim is: Check all that			
PO Box 77404 Ewing, NJ 08828	apply.			
	☐ Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
W	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset) Mortgage	•		
Date debt was incurred 5/4/2017	Last 4 digits of account number	<u> </u>		
Add the dollar value of your entries in C	Column A on this page. Write that number here:	\$265,165.	00	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$265,165.	00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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		Document	Page 24	l of 59		
Fill in th	is information to identify your ca	ase:				
Debtor 1	Jeffrey Michael Ba	her				
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if,		Middle Name	Last Name			
(Spouse II,	illing) Filst Name					
United S	tates Bankruptcy Court for the:	WESTERN DISTRICT OF MIS	SOURI			
Case nu	mber					
(if known)					_	Check if this is an
					а	mended filing
Officia	I Form 106E/F					
	lule E/F: Creditors Wh	o Have Unsecured	Claims			12/15
Schedule Schedule left. Attach name and	tory contracts or unexpired leases the G: Executory Contracts and Unexpire D: Creditors Who Have Claims Seculing the Continuation Page to this page case number (if known).	ed Leases (Official Form 106G). Death of the space is a life of the space of th	o not include needed, copy	any creditors with partially sec he Part you need, fill it out, nu	ured claims mber the en	that are listed in tries in the boxes on the
Part 1:	List All of Your PRIORITY Uns					
_	ny creditors have priority unsecured	claims against you?				
	o. Go to Part 2.					
☐ Ye	9S.					
Part 2:	List All of Your NONPRIORITY	Unsecured Claims				
3. Do ar	ny creditors have nonpriority unsecu	red claims against you?				
□ No	o. You have nothing to report in this par	t. Submit this form to the court with	your other sche	edules.		
■ Ye	es.					
unsed	all of your nonpriority unsecured clai cured claim, list the creditor separately to one creditor holds a particular claim, list 2.	or each claim. For each claim listed	l, identify what t	ype of claim it is. Do not list claim	ns already inc	cluded in Part 1. If more
						Total claim
4.1	CareCredit/Synchrony Bank	Last 4 digits of acc	ount number	7583		\$1,908.71
	Nonpriority Creditor's Name	When we the debt	in account of O	4/2049		
	ATTN: Bankruptcy Dept. PO Box 965064	When was the debt	incurrear	1/2018		=
_(Orlando, FL 32896-5064					
	Number Street City State Zip Code	As of the date you	file, the claim i	s: Check all that apply		
_	Who incurred the debt? Check one.	-				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed	ITV uncocuro	l alaim.		
_	At least one of the debtors and anoth	П он на	ar i unsecure	i Ciaiill.		
C	☐ Check if this claim is for a commi debt s the claim subject to offset?	unity		ration agreement or divorce that	you did not	
	No			g plans, and other similar debts		
	□Yes	Other. Specify				
		- Other, Specify _	uil	F		_

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Case number (if known)

Debi	or 1 Jeffrey Michael Baber		Case number (if known)	
4.2	Citi Cards	Last 4 digits of account number	3594	\$6,206.61
	Nonpriority Creditor's Name ATTN: Bankruptcy Dept PO Box 6500	When was the debt incurred?	8/2018	
	Sioux Falls, SD 57117-6500 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir		
	Yes	Other. Specify Credit card	l purchases	
4.3	Commerce Bank	Last 4 digits of account number	8290	\$17,161.09
	Nonpriority Creditor's Name Attn: Bankruptcy Dept. PO Box 411036	When was the debt incurred?	2018	
	Kansas City, MO 64141-1036 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing		
	Yes	■ Other. Specify Credit card	l purchases	
4.4	Dipoto Counseling Group Nonpriority Creditor's Name	Last 4 digits of account number	0000	\$534.14
	PO Box 28065 Kansas City, MO 64188	When was the debt incurred?	6/2018	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	0 0 1	aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharing		
	☐ Yes	■ Other Specify Medical bil	l	

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Debtor	1 Jeffrey Michael Baber		Case number (if known)						
4.5	Discover Nonpriority Creditor's Name	Last 4 digits of account number	1687	\$13,010.43					
	PO Box 30943	When was the debt incurred?	2018						
	Salt Lake City, UT 84130-0943								
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.								
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not						
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts						
	□ Yes	Other. Specify Credit card	•						
									
4.6	Proper Marketplace Inc Nonpriority Creditor's Name	Last 4 digits of account number	7254	\$18,675.32					
	444 Highway 96 East	When was the debt incurred?	1/2018						
	PO Box 64378								
	Saint Paul, MN 55164								
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	ss: Check all that apply						
	■ Debtor 1 only	☐ Contingent							
	☐ Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt		aration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	a plane, and other similar debte						
	□ Yes								
	□ Yes	Other. Specify Signature I	Odii						
4.7	Sinature Behavorial Healthcare Nonpriority Creditor's Name	Last 4 digits of account number	3374	\$140.00					
	2900 Clay Edward Drive	When was the debt incurred?	5/2018						
	Kansas City, MO 64116 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply						
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,							
	Debtor 1 only	☐ Contingent							
	Debtor 2 only	☐ Unliquidated							
	☐ Debtor 1 and Debtor 2 only	☐ Disputed							
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans							
	debt		aration agreement or divorce that you did not						
	Is the claim subject to offset?	report as priority claims							
	■ No	☐ Debts to pension or profit-sharing							
	Yes	Other. Specify Medical bil	<u> </u>						
Part 3:	List Others to Be Notified About a De	ebt That You Already Listed							
is tryi have r	ng to collect from you for a debt you owe to s more than one creditor for any of the debts th	omeone else, list the original creditor in at you listed in Parts 1 or 2, list the add	ou already listed in Parts 1 or 2. For example, i n Parts 1 or 2, then list the collection agency he tional creditors here. If you do not have additio	re. Similarly, if you					
	ed for any debts in Parts 1 or 2, do not fill out	· -							
	nd Address Interstate	On which entry in Part 1 or Part 2 did you Line 4.1 of (<i>Check one</i>):	list the original creditor? Part 1: Creditors with Priority Unsecured Claims						

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor 1 J	effrey Michael Baber		Case nu	ımber (if known)		
PO Box 19 Southgate	954 -, MI 48195-0954	Last 4 digits of account number	Part 2:	Creditors with Nonpriority Unsecured Claims		
Name and Ad CKS Finar PO Box 28 Chesapea	ncial		☐ Part 1: 0	riginal creditor? Creditors with Priority Unsecured Claims Creditors with Nonpriority Unsecured Claims		
		Last 4 digits of account number				
		On which entry in Part 1 or Part 2 did you Line 4.2 of (<i>Check one</i>): Last 4 digits of account number	☐ Part 1:	riginal creditor? Creditors with Priority Unsecured Claims Creditors with Nonpriority Unsecured Claims		
		Last 4 digits of account number				
Name and Address IC Systems Inc. PO Box 64437 Saint Paul, MN 55164-0437		Line 4.6 of (Check one):	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
		Last 4 digits of account number				
			☐ Part 1:	riginal creditor? Creditors with Priority Unsecured Claims Creditors with Nonpriority Unsecured Claims		
		Last 4 digits of account number				
Name and Address Midland Credit Management 350 Cameno De La Reina, Suite 100 San Diego, CA 92108			I you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
•		Last 4 digits of account number				
Name and Address NCB Management Services Inc PO BOx 1099 Langhorne, PA 19047			you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
		Last 4 digits of account number				
PO Box 39	unding LLC 96081		ou list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims			
San Franc	isco, CA 94139	Last 4 digits of account number				
Name and Ad Velocity Ir PO Box 78 Wall, NJ 0	nvestments, LLC 38		☐ Part 1: 0	riginal creditor? Creditors with Priority Unsecured Claims Creditors with Nonpriority Unsecured Claims		
Wan, 140 077 13		Last 4 digits of account number				
	dd the Amounts for Each Type of					
	mounts of certain types of unsecured of ecured claim.	claims. This information is for statistica	l reporting	purposes only. 28 U.S.C. §159. Add the amounts for each Total Claim		
Total	6a. Domestic support obligation	ons	6a.	\$ 0.00		
claims from Part 1	6c. Claims for death or person	bbts you owe the government hal injury while you were intoxicated unsecured claims. Write that amount here.	6b. 6c. 6d.	\$ 0.00 \$ 0.00 \$ 0.00		
	6e. Total Priority. Add lines 6a	through 6d.	6e.	\$		
				Total Claim		

Official Form 106 E/F

Total

6f.

Student loans

0.00

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Debtor 1 **Jeffrey Michael Baber**

Case number (if known)

claims							
from	Part	2					

6g.	Obligations arising out of a separation agreement or divorce that
	you did not report as priority claims

Sh. Debts to pension or profit-sharing plans, and other similar debts

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6j. Total Nonpriority. Add lines 6f through 6i.

0.00	\$ 6g.
0.00	\$ 6h.
57,636.30	\$ 6i.

6j. \$ **57,636.30**

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Fill in this information to identify your case:					
Debtor 1	Jeffrey Michael B	aber			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		WESTERN DISTRICT O	OF MISSOURI		
Case number					
(if known)					

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Verizon Wireless
500 Technology Drive
Suite 550
Weldon Spring, MO 63304

State what the contract or lease is for

Cell phone lease; Debtor is Lessee; 2017 - 2019

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		Documen	ii raye 30 01 i	J9	
Fill in this infor	mation to identify your	case:			
Debtor 1	Jeffrey Michael B	aber			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT C	F MISSOURI		
Case number (if known)				☐ Check if this is an amended filing	
Official Fo Schedule	orm 106H • H: Your Cod	ebtors		12/15	
people are filing ill it out, and nu our name and o	together, both are equal mber the entries in the case number (if known).	ally responsible for supp	lying correct information the Additional Page to t	complete and accurate as possible. If two married on. If more space is needed, copy the Additional Page this page. On the top of any Additional Pages, write s a codebtor.	J ,
Arizona, Cal	ifornia, Idaho, Louisiana,	lived in a community pro Nevada, New Mexico, Puo		? (Community property states and territories include gton, and Wisconsin.)	
■ No. Go to □ Yes. Did		ıse, or legal equivalent live	with you at the time?		
in line 2 aga	ain as a codebtor only it , Schedule E/F (Official	f that person is a guarant	or or cosigner. Make su	your spouse is filing with you. List the person show are you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to f	al
	nn 1: Your codebtor Jumber, Street, City, State and ZII	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:	
1093	/ Hayes 2 North Donnelly as City, MO 64157			■ Schedule D, line2.2 Schedule E/F, line Schedule G Ford Motor Credit Co.	

Fill	in this information to identify your	case:					
Del	otor 1	hael Baber					
	otor 2 puse, if filing)						
Uni	ted States Bankruptcy Court for the	e: WESTERN DISTRIC	T OF MISSOURI				
	se number lown)		-	Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:			
0	fficial Form 106I			MM / DD/ YYYY			
S	chedule I: Your Inc	ome		12/15			
Par	Describe Employment		ional pages, write your name and	d case number (if known). Answer every question			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse			
	If you have more than one job,	Employment status	■ Employed	■ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed			
	employers.	Occupation	Driver	Sub			
	Include part-time, seasonal, or self-employed work.	Employer's name	Ford Motor Company	Kelly Services USA LLC			
	Occupation may include student or homemaker, if it applies.	Employer's address	8121 US 69 Highway Kansas City, MO 64119	999 W. Big Beaver Road, Suite 601A Troy, MI 48084			
		How long employed t	here? 8 years				
Par	rt 2: Give Details About Mo	nthly Income					
			you have nothing to report for any	line, write \$0 in the space. Include your non-filing			
	ou or your non-filing spouse have me space, attach a separate sheet to		ombine the information for all empl	oyers for that person on the lines below. If you need			
				For Debtor 1 For Debtor 2 or non-filing spouse			
2	List monthly gross wages, sale			6.805.41 \$ 1.200.68			

					non-f	iling spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$_	6,805.41	\$	1,200.68
3.	Estimate and list monthly overtime pay.	3.	+\$_	0.00	+\$_	0.00
4.	Calculate gross Income. Add line 2 + line 3.	4.	\$_	6,805.41	\$_	1,200.68

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Jeffrey Michael Baber	-	C	ase n	number (<i>if ki</i>	nown)				
					For I	Debtor 1			r Debtor 2 n-filing sp		
	Сор	y line 4 here	4.		\$	6,80	5.41	\$		200.68	
5.	Lict	all payroll deductions:									-
J.	5a.	Tax, Medicare, and Social Security deductions	5a		\$	1 070) <i>45</i>	\$		162.33	
	5b.	Mandatory contributions for retirement plans	5b		\$—	1,970	0.00	\$ -		0.00	-
	5c.	Voluntary contributions for retirement plans	5c.		\$ —		0.00	\$ -		0.00	-
	5d.	Required repayments of retirement fund loans	5d.		\$ —		0.00	\$ \$		0.00	_
	5e.	Insurance	5e		\$ —		0.00	\$ -		0.00	-
	5f.	Domestic support obligations	5f.		\$ 		0.05	\$ *		0.00	-
	5g.	Union dues	5g.		\$ 		6.61	\$_		0.00	_
	5h.	Other deductions. Specify: Admin fee	5h.		<u> </u>			+ \$-		0.00	-
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		* — \$			\$			-
					_	2,752		· -		162.33	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	\$	4,053	3.10	\$_	1,0	38.35	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-		Ф			Φ.			
	O.L.	monthly net income.	8a		\$		0.00	\$_		0.00	_
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	8b		\$	(0.00	\$_		0.00	-
		settlement, and property settlement.	8c.		\$	(0.00	\$		0.00	
	8d.	Unemployment compensation	8d		<u> </u>		0.00	\$-		0.00	-
	8e.	Social Security	8e		<u>*</u> —		0.00	\$		0.00	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$		0.00	\$_		0.00	_
	8g.	Pension or retirement income	8g		\$		0.00	\$_		0.00	_
	8h.	Other monthly income. Specify:	8h	.+	\$	(0.00	+ \$ _		0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		(0.00	\$_		0.00	D
10.	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	4	,053.10	+ \$	1.	038.35	= \$	5,091.45
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,		Ľ	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					-	Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes							12.	\$	5,091.45
										Combin	ned y income
13.	Do y ■	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?								y mcome

Schedule I: Your Income

page 2

Official Form 106I

Fill	in this informa	tion to identify yo	our case:			l			
	tor 1	Jeffrey Mich		r		Chec	ck if this is: An amended filing		
	tor 2 ouse, if filing)					_	ū	ving postpetition chapter the following date:	
Unit	United States Bankruptcy Court for the: WESTERN DISTRICT OF MISSOURI						MM / DD / YYYY		
1	e number nown)								
Of	fficial Fo	rm 106J				-			
		J: Your						12/1	
info	ormation. If m		eded, atta	If two married people and the control of the contro					
Par	t 1: Descr	ibe Your House	hold						
	■ No. Go to	line 2.	in a conorr	ate household?					
	□и	0	•	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of Deb	tor 2.		
2.	Do you have	e dependents?	□ No						
	Do not list Do Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?	
	Do not state dependents				Stepson		12	□ No ■ Yes	
					Daughter		14	□ No ■ Yes	
					Stepson		16	□ No ■ Yes	
								□ No □ Yes	
3.	expenses of	enses include f people other t d your depende	han 👝	No Yes					
Est	imate your ex		our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp					
the		n assistance an		government assistance is luded it on Schedule I: Y			Your expe	enses	
4.		or home owners		ses for your residence. I	nclude first mortgag	e 4. \$	8	1,535.05	
	, ,	led in line 4:	-						
		estate taxes				4a. \$	\$	0.00	
		rty, homeowner's	s, or renter	's insurance		4b. \$		0.00	
	4c. Home	maintenance, re	pair, and ι	ıpkeep expenses		4c. \$	S	100.00	
_		owner's associat				4d. \$		0.00	
5.	Additional r	nortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$	Ď	0.00	

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Debtor	1 Jeffrey Michael Baber	Case num	ber (if known)	
S. Ut	ilities:			
6a		6a.	\$	410.00
6b	•	6b.	\$	100.00
6c		6c.	:	350.00
6d		6d.	·	0.00
	od and housekeeping supplies	7.	·	950.00
	nildcare and children's education costs	8.	\$	
		o. 9.	·	0.00
	othing, laundry, and dry cleaning		\$	250.00
	ersonal care products and services	10.	\$	100.00
	edical and dental expenses	11.	\$	55.00
	ansportation. Include gas, maintenance, bus or train fare.	12.	¢	250.00
	o not include car payments.		·	
	ntertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	150.00
	naritable contributions and religious donations	14.	\$	0.00
	surance.			
	o not include insurance deducted from your pay or included in lines 4 or 20.	45-	Φ.	4= 00
	a. Life insurance	15a.	·	15.22
	b. Health insurance	15b.	·	0.00
	c. Vehicle insurance	15c.	· -	193.09
15	d. Other insurance. Specify:	15d.	\$	0.00
j. Ta	xes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Sp	pecify: Personal Property taxes	16.	\$	50.00
'. Ins	stallment or lease payments:			
17	a. Car payments for Vehicle 1	17a.	\$	528.06
17	b. Car payments for Vehicle 2	17b.	\$	0.00
17	c. Other. Specify:	17c.	\$	0.00
	d. Other. Specify:	17d.	\$	0.00
	our payments of alimony, maintenance, and support that you did not report		· ———	
	ducted from your pay on line 5, Schedule I, Your Income (Official Form 106		\$	0.00
	her payments you make to support others who do not live with you.	,	\$	0.00
	pecify:	19.		
	her real property expenses not included in lines 4 or 5 of this form or on S	chedule I: Yo	our Income.	
	a. Mortgages on other property	20a.		0.00
20	b. Real estate taxes	20b.	\$	0.00
	c. Property, homeowner's, or renter's insurance	20c.	·	0.00
	d. Maintenance, repair, and upkeep expenses	20d.		0.00
	e. Homeowner's association or condominium dues	20a.		0.00
			· ·	
. Ot	her: Specify:		+\$	0.00
. Ca	alculate your monthly expenses			
	a. Add lines 4 through 21.		\$	5,036.42
	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-	-2	\$	
		_	·	E 026 42
22	c. Add line 22a and 22b. The result is your monthly expenses.		\$	5,036.42
. Ca	alculate your monthly net income.			
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	5,091.45
	b. Copy your monthly expenses from line 22c above.	23b.		5,036.42
20	5. Supply Sail Montally expended from the 220 above.	200.		3,030.42
23	c. Subtract your monthly expenses from your monthly income.			
20	The result is your <i>monthly net income</i> .	23c.	\$	55.03
For mo	by you expect an increase or decrease in your expenses within the year after rexample, do you expect to finish paying for your car loan within the year or do you expect soldification to the terms of your mortgage? No.			or decrease becau
	You Explain here:			

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Fill in this infor	mation to identify your	case:			
Debtor 1	Jeffrey Michael B				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT C	OF MISSOURI		
Case number _				☐ Check if this is an	
()				amended filing	
If two married po You must file thi obtaining mone years, or both. 1	eople are filing together	r, both are equally respoi le bankruptcy schedules n connection with a bank			
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out ba	ankruptcy forms?	
■ No	, , ,		, ,,	• •	
☐ Yes. 1	Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)			
•	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed	l with this declaration and	
X /s/ Jeff					
Jeffrey	y Michael Baber ure of Debtor 1		Signature of D	Debtor 2	
Date _	August 7, 2019		Date		

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Fill	l in this inform	nation to identify you	r case:						
De	btor 1	Jeffrey Michael	Baber						
Do	btor 2	First Name	Middle Name	Last Name					
	ouse if, filing)	First Name	Middle Name	Last Name					
Un	ited States Bar	nkruptcy Court for the:	WESTERN DISTRICT OF	MISSOURI					
		. ,	-						
1	se number nown)					Check if this is an amended filing			
	fficial For		Affairs for Individ	duals Filing for B	ankruptcy	4/1:			
info	ormation. If mender (if known	ore space is needed, i). Answer every que	ble. If two married people a attach a separate sheet to stion. Irital Status and Where You	this form. On the top of any					
1.		current marital statu		Liveu Belole					
	■ Married								
	Not married								
2.	During the last 3 years, have you lived anywhere other than where you live now?								
	□ No								
	Yes. List	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	' .				
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there			Dates Debtor 2 lived there			
	100 Lakela Smithville,	nd Drive MO 64089	From-To: 05/16/2015 - 5/24/2017	☐ Same as Debtor	ı	☐ Same as Debtor 1 From-To:			
3. stat	No Yes. Ma	es include Arizona, Ca	ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev nedule H: Your Codebtors (Of r Income	vada, New Mexico, Puerto R					
4.	Fill in the tota	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-	time activities.	lendar years?			
	□ No ■ Yes. Fill	in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
From January 1 of current year until the date you filed for bankruptcy:			■ Wages, commissions, bonuses, tips	\$51,750.86	☐ Wages, commissions, bonuses, tips				
			☐ Operating a business		☐ Operating a business				

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1 Jeffrey Michael Baber Case				number (if known)			
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
			☐ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$5,462.50	
			☐ Operating a business		☐ Operating a business		
	or last calen anuary 1 to	dar year: December 31, 2018)	■ Wages, commissions, bonuses, tips	\$84,887.47	☐ Wages, commissions, bonuses, tips		
			☐ Operating a business		☐ Operating a business		
			☐ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$2,163.00	
			☐ Operating a business		☐ Operating a business		
		dar year before that: December 31, 2017)	■ Wages, commissions, bonuses, tips	\$83,126.86	☐ Wages, commissions, bonuses, tips		
			☐ Operating a business		☐ Operating a business		
			☐ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$9,248.85	
			☐ Operating a business		☐ Operating a business		
5.	Include include and other winnings. List each s	come regardless of who public benefit payment f you are filing a joint o	me during this year or the two ether that income is taxable. Exa ts; pensions; rental income; inter case and you have income that y	amples of other income are a rest; dividends; money collect you received together, list it o	ted from lawsuits; royalties; an only once under Debtor 1.		
	_ 100.	in in the detaile.					
			Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)	
	or last calen anuary 1 to	dar year: December 31, 2018)	Unemployment	\$320.00			
Pa	rt 3: List	Certain Payments Yo	ou Made Before You Filed for	Bankruptcy			
6.	Are either ☐ No.	Neither Debtor 1 no	r 2's debts primarily consume r Debtor 2 has primarily consu r a personal, family, or househo	umer debts. Consumer debts	s are defined in 11 U.S.C. § 10	1(8) as "incurred by an	
		□ No. Go to line	efore you filed for bankruptcy, di e 7.	d you pay any creditor a total	I of \$6,825* or more?		
		paid that not include	w each creditor to whom you pai creditor. Do not include paymer de payments to an attorney for the ent on 4/01/22 and every 3 year	nts for domestic support oblig his bankruptcy case.	ations, such as child support a	and alimony. Also, do	

Page 38 of 59 Document Debtor 1 Jeffrey Michael Baber Case number (if known) Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment Total amount** Amount you Was this payment for ... still owe paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. ☐ No Yes. List all payments to an insider. Insider's Name and Address Dates of payment **Total amount** Amount vou Reason for this payment paid still owe \$1,000.00 **Peggy Baber** 5/2019 \$1,000.00 100 Lakeland Drive Smithville, MO 64089 Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Civil Discovery vs Jeffrey Baber **Jackson County Circuit** Pending 1916-CV06507 Court □ On appeal 308 West Kansas □ Concluded Independence, MO 64050 Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Value of the Date property **Explain** what happened

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8.

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Debtor 1 Jeffrey Michael Baber Case number (if known)

11.	Within 90 days before you filed for banks accounts or refuse to make a payment b		did any creditor, including a bank or financial ins	stitution, set off any a	amounts from your				
	■ No		,						
	☐ Yes. Fill in the details.								
	Creditor Name and Address	Des	scribe the action the creditor took	Date action was taken	Amount				
12.	Within 1 year before you filed for bankru court-appointed receiver, a custodian, o		as any of your property in the possession of an a er official?	assignee for the bene	efit of creditors, a				
	■ No								
	Yes								
	t 5: List Certain Gifts and Contribution								
13.	Within 2 years before you filed for bankr ■ No	uptcy, d	lid you give any gifts with a total value of more t	han \$600 per person'	?				
	☐ Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$600 per person		Describe the gifts	Dates you gave the gifts	Value				
	Person to Whom You Gave the Gift and Address:								
14.	Within 2 years before you filed for bankr	uptcy, d	lid you give any gifts or contributions with a tota	I value of more than	\$600 to any charity?				
	NoYes. Fill in the details for each gift or contribution.								
	Gifts or contributions to charities that 1 more than \$600	otal	Describe what you contributed	Dates you contributed	Value				
	Charity's Name Address (Number, Street, City, State and ZIP Code	e)							
Par	t 6: List Certain Losses								
15.	Within 1 year before you filed for bankru or gambling?	ptcy or	since you filed for bankruptcy, did you lose anyt	thing because of thef	t, fire, other disaster				
	■ No								
	Yes. Fill in the details.								
	Describe the property you lost and	Descri	be any insurance coverage for the loss	Date of your	Value of property				
	how the loss occurred		the amount that insurance has paid. List pending ace claims on line 33 of Schedule A/B: Property.	loss	lost				
Par	t 7: List Certain Payments or Transfers	5							
16.	Within 1 year before you filed for bankru	ptcy, di	d you or anyone else acting on your behalf pay o	or transfer any prope	rty to anyone you				
	consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition p		ng a bankruptcy petition? s, or credit counseling agencies for services required	d in your bankruptcy.					
	□ No □								
	Yes. Fill in the details.								
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was	Amount of payment				
	Email or website address Person Who Made the Payment, if Not You			made					
	Adams Law Offices 1400 SW US Highway 40		\$1395.00 attorney fees; \$335.00 filing fee	8/6/2019	\$1,730.00				
	Blue Springs, MO 64015-4616 adamslawoffices@sbcglobal.net								

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Debtor 1 Jeffrey Michael Baber

Case number (if known)

17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details.							
	Person Who Was Paid Address	Description and vateransferred	alue of any prop	erty	Date payment or transfer was made	Amount of payment		
	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus include both outright transfers and transfers mad include gifts and transfers that you have already No Yes. Fill in the details. Person Who Received Transfer	siness or financial affa le as security (such as the	irs? ne granting of a s	ecurity interes				
	Address Person's relationship to you	property transferre			received or debts	made		
	Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-prote No ☐ Yes. Fill in the details.		property to a s	elf-settled tru	st or similar device	of which you are a		
	Name of trust	Description and va	alue of the prop	erty transferre	ed	Date Transfer was made		
Par	8: List of Certain Financial Accounts, Inst	ruments, Safe Deposit	Boxes, and Sto	rage Units				
	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa ■ No □ Yes. Fill in the details.	other financial accoun	ts; certificates o	of deposit; sh				
		Last 4 digits of account number	Type of accour instrument	clo mo	te account was sed, sold, ved, or nsferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 ye cash, or other valuables?	ear before you filed for	bankruptcy, any	/ safe deposit	box or other deposi	tory for securities,		
	NoYes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acco Address (Number, St State and ZIP Code)		Describe the o	contents	Do you still have it?		
22.	Have you stored property in a storage unit or ■ No □ Yes. Fill in the details.	place other than your	home within 1 y	ear before yo	u filed for bankrupto	y?		
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe the (contents	Do you still have it?		

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Debtor 1 Jeffrey Michael Baber

Case number (if known)

Par	t 9: Identify Property You Hold or Control for	Someone Else						
23.	 Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. 							
	■ No							
	Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Par	t 10: Give Details About Environmental Inform	ation						
For	the purpose of Part 10, the following definitions	apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	ir, land, soil, surface water, groun	- ·					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law, whether you now own, operate,	or utilize it or used				
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,				
Rep	ort all notices, releases, and proceedings that ye	ou know about, regardless of whe	n they occurred.					
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	e under or in violation of an environm	ental law?				
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
25.	Have you notified any governmental unit of any release of hazardous material?							
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admini	strative proceeding under any env	ironmental law? Include settlements	and orders.				
	■ No							
	☐ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	t 11: Give Details About Your Business or Con	nections to Any Business						
	Within 4 years before you filed for bankruptcy,		ny of the following connections to an	v business?				
	☐ A sole proprietor or self-employed in a	•	•	y buomicoo.				
	☐ A member of a limited liability company		•					
	☐ A partner in a partnership	(partition	··r \· /					
	☐ An officer, director, or managing executive of a corporation							
	☐ An owner of at least 5% of the voting or	-						

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	no Comby imonaci Basci		or manager (manager)						
	<u> </u>								
	No. None of the above applies. Go to F	Part 12.							
	Yes. Check all that apply above and fill in the details below for each business.								
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.						
	(Name of accountant of bookkeeper	Dates business existed						
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement to an	nyone about your business? Include all financial						
	■ No □ Yes. Fill in the details below.								
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued							
Par	t 12: Sign Below								
are with		false statement, concealing property, or ol	declare under penalty of perjury that the answers btaining money or property by fraud in connection irs, or both.						
	Jeffrey Michael Baber								
	frey Michael Baber nature of Debtor 1	Signature of Debtor 2							
Dat	e August 7, 2019	Date							
	you attach additional pages to Your Stateme	ent of Financial Affairs for Individuals Filing	g for Bankruptcy (Official Form 107)?						
ПΥ	es								
Did ■ N	you pay or agree to pay someone who is not	t an attorney to help you fill out bankruptcy	forms?						

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	mation to identify your	case:		
Debtor 1	Jeffrey Michael B	aber		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DIST	RICT OF MISSOURI	
Case number				
(if known)				☐ Check if this is an amended filing
Official Fo	orm 108			
Statemer	nt of Intentio	n for Indiv	iduals Filing Under Chapt	er 7 12/15
If you are an indi	ividual filing under chap	oter 7, you must fil	I out this form if:	
creditors have	e claims secured by yo	ur property, or		
You must file thi	ever is earlier, unless th	ithin 30 days after	ot expired. you file your bankruptcy petition or by the date s e time for cause. You must also send copies to th	
	eople are filing together nd date the form.	in a joint case, bo	th are equally responsible for supplying correct i	information. Both debtors must
	and accurate as possib our name and case nun		s needed, attach a separate sheet to this form. Or	the top of any additional pages,
Part 1: List Yo	our Creditors Who Have	e Secured Claims		
1. For any credit	ors that you listed in Pa	art 1 of Schedule D	: Creditors Who Have Claims Secured by Propert	ty (Official Form 106D), fill in the
information be	elow. editor and the property the	nat is collateral	What do you intend to do with the property that	nt Did you claim the property
, , , , , , , , , , , , , , , , , , , ,			secures a debt?	as exempt on Schedule C?
Creditor's F name:	Ford Motor Credit Co.		☐ Surrender the property.☐ Retain the property and redeem it.	□ No
Description of	2018 Ford Escape		Retain the property and enter into a	Yes
property	2010 Foru Escape		Reaffirmation Agreement. Retain the property and [explain]:	
securing debt:	:			
Creditor's F	and Matan Cradit Ca		_	
name:	Ford Motor Credit Co.		Surrender the property.Retain the property and redeem it.	No
			☐ Retain the property and redeem it. ☐ Retain the property and enter into a	□Yes
Description of property	2019 Ford Fiesta Joint owner with d	aughter	Reaffirmation Agreement.	
securing debt:			☐ Retain the property and [explain]:	_
Creditor's U	Jnited Wholesale Mor	rtgage	☐ Surrender the property.	□ No
name:	Trioiosaio Moi	-3~ 3 ~	☐ Retain the property and redeem it.	□ NO
Description of	10932 North Donne		Retain the property and enter into a Reaffirmation Agreement.	■ Yes

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Debtor	1 Jeffr	ey Michael Baber	Case number (if kno	own)
prope secur	erty ring debt:	County	☐ Retain the property and [explain]:	
Part 2:		our Unexpired Personal Property	Leases u listed in Schedule G: Executory Contracts and Unexp	pired Leases (Official Form 106C) fill
in the in	formatio	n below. Do not list real estate lea	unset in scriedule 6. Executory contracts and offex, ises. Unexpired leases are leases that are still in effect; lease if the trustee does not assume it. 11 U.S.C. § 365(; the lease period has not yet ended.
Describ	oe your u	nexpired personal property lease	s	Will the lease be assumed?
Lessor's	s name:	Verizon Wireless		□ No
				■ Yes
Descrip Property	tion of lea y:	sed Cell phone lease; Debto	r is Lessee; 2017 - 2019	
Part 3:	Sign B	elow		
		perjury, I declare that I have indicublect to an unexpired lease.	cated my intention about any property of my estate that	t secures a debt and any personal
X /s/	Jeffrey	Michael Baber	X	
	ffrey Mignature of	chael Baber Debtor 1	Signature of Debtor 2	
Da	ate A	ugust 7, 2019	Date	

Fill in this information to identify your case:						
		Check of 122A-1S	ne box only as d upp:	irected ir	this form and	in Form
Debtor 1 Jeffrey Michael Baber						
Debtor 2 (Spouse, if filing)		□ 1. ·	There is no pres	umption	of abuse	
United States Bankruptcy Court for the: Western Dist	rict of Missouri		The calculation t applies will be r	nade und	ler <i>Chapter 7</i> N	
Case number (if known)		□ 3. ·	Calculation (Off The Means Test		,	cause of
			qualified military	/ service	but it could app	
Official Form 122A - 1		LI CI	neck if this is a	n amen	ded filing	
Chapter 7 Statement of Your (Current Monthly	/ Incom	ie			12/1
Be as complete and accurate as possible. If two married per attach a separate sheet to this form. Include the line number case number (if known). If you believe that you are exempted qualifying military service, complete and file Statement of E	r to which the additional info d from a presumption of abu	mation applies se because you	s. On the top of a I do not have prii	ny addition	nal pages, write sumer debts or	e your name and r because of
Part 1: Calculate Your Current Monthly Income						
1. What is your marital and filing status? Check o	ne only.					
□ Not married. Fill out Column A, lines 2-11.		5				
☐ Married and your spouse is filing with you.						
Married and your spouse is NOT filing with	you. You and your spouse	are:				
Living in the same household and are not	legally separated. Fill out	both Columns	A and B, lines	2-11.		
Living separately or are legally separated penalty of perjury that you and your spouse living apart for reasons that do not include e	are legally separated under	nonbankrupto	cy law that appli	es or that		
Fill in the average monthly income that you received fro 101(10A). For example, if you are filing on September 15, the 6 months, add the income for all 6 months and divide the spouses own the same rental property, put the income from	e 6-month period would be Mar e total by 6. Fill in the result. Do	ch 1 through Au not include any	gust 31. If the amount m	ount of you ore than c	ur monthly incomence. For example	e varied during le, if both
		Colu Debt	mn A or 1	Colum Debto non-fil		
Your gross wages, salary, tips, bonuses, overt payroll deductions).	ime, and commissions (be	fore all \$	7,544.24	\$	910.42	
 Alimony and maintenance payments. Do not inc Column B is filled in. 	clude payments from a spou	se if	0.00	\$	0.00	
4. All amounts from any source which are regular of you or your dependents, including child sup from an unmarried partner, members of your hous and roommates. Include regular contributions from filled in. Do not include payments you listed on line	port. Include regular contribehold, your dependents, part a spouse only if Column B	outions ents,	0.00	\$	0.00	
5. Net income from operating a business, profess	•					
	Debtor 1					
Gross receipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>					
Ordinary and necessary operating expenses	0.00	here -> \$	0.00	\$	0.00	
Net monthly income from a business, profession, o	· ——	ΠΕΙΕ -> Ψ	0.00	Ψ	0.00	
6. Net income from rental and other real property	Debtor 1					
Gross receipts (before all deductions)	\$ 0.00					
Ordinary and necessary operating expenses	-\$ 0.00					
Net monthly income from rental or other real prope	erty \$ 0.00 Copy	here -> \$	0.00	\$	0.00	
7. Interest, dividends, and royalties	• • — —	\$	0.00	\$	0.00	

Official Form 122A-1

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Case number (if known)

Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: 0.00 For your spouse \$ 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 \$ 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 7,544.24 910.42 8,454.66 \$ \$ each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 8,454.66 Multiply by 12 (the number of months in a year) x 12 101,455.92 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. MO Fill in the number of people in your household. 94,651.00 Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Jeffrey Michael Baber **Jeffrey Michael Baber** Signature of Debtor 1 Date August 7, 2019 MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.

Jeffrey Michael Baber

Debtor 1

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Debtor 1 Jeffrey Michael Baber Debtor 2 Jeffrey Michael Baber Debtor 3 Jeffrey Michael Baber Debtor 4 Jeffrey Michael Baber Debtor 2 According to the calculations required by this Statement: There is no presumption of abuse. There is no presumption of abuse.			Ī				
Debtor 2 Debtor 2 Debtor 2 Debtor 2 Statement: Stateme	Fill	in this information to identify your case:				ate box as	s directed in
Debtor 2 (Spouse, if filings)	Deb	tor 1 Jeffrey Michael Baber				la de tiene	
United States Bankruptcy Court for the: Western District of Missouri Case number (If known) Check if this is an amended filing Official Form 122A - 2 Chapter 7 Means Test Calculation To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1). Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known). Part 11						iculations r	equired by this
United States Bankruptcy Court for the:	(Spo	ouse, if filing)			■ 1 There is no n	resumption	of abuse
Chapter 7 Means Test Calculation Official Form 122A - 2 Chapter 7 Means Test Calculation To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1). Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known). Part 1: Determine Your Adjusted Income Copy Jour total current monthly income. Copy line 11 from Official Form 122A-1 here=>\$ 8,454.66 Did you fill out Column B in Part 1 of Form 122A-1? No. Fill in \$0 for the total on line 3. Yes. Is your spouse Filing with you? No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents? No. Fill in 0 for the total on line 3. State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. So. O.00 Copy total heres> \$ 0.00	Unit	ed States Bankruptcy Court for the: Western District of Missouri					
Official Form 122A - 2 Chapter 7 Means Test Calculation Od/fi: To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1). Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known). Part 1: Determine Your Adjusted Income 1. Copy your total current monthly income. Copy line 11 from Official Form 122A-1 here=>\$ 8,454.66 Did you fill out Column B in Part 1 of Form 122A-1? No. Fill in \$0 for the total on line 3. Yes. Is your spouse Filling with you? No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below: State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. Solutions and the amount you are subtracting from your spouse's income Total. Copy total here=>\$ 0.00		· · · · · · ·			2. There is a pre	sumption o	of abuse.
Official Form 122A - 2 Chapter 7 Means Test Calculation To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1). Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known). Part 1: Determine Your Adjusted Income 1. Copy your total current monthly income. Copy line 11 from Official Form 122A-1 here=>\$ 8,454.66 2. Did you fill out Column B in Part 1 of Form 122A-1? No. Fill in 50 for the total on line 3. Yes. Is your spouse Filing with you? No. Go to line 3. Yes. Fill in \$0 for the total on line 3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents? No. Fill in 0 for the total on line 3. Yes. Fill in the information below: State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. S. S. Total. Copy total here=> \$ 0.00	(If KI	nown)			Chook if this is or		d filing
Chapter 7 Means Test Calculation To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1). Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known). Part 1: Determine Your Adjusted Income 1. Copy your total current monthly income. Copy line 11 from Official Form 122A-1 here=>	Off	ficial Form 122A - 2		Ц,	Check ii this is ai	i amenue	u ming
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No. Fill in \$0 for the total on line 3.						·	
■ Yes. Is your spouse Filing with you? ■ No. Go to line 3. □ Yes. Fill in \$0 for the total on line 3. 3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents? ■ No. Fill in 0 for the total on line 3. □ Yes. Fill in the information below: State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. ■ Sill in the amount you are subtracting from your spouse's income Significant in the amount you are subtracting from your spouse's income Significant in the amount you are subtracting from your spouse's income Significant in the amount you are subtracting from your spouse's income Significant in the amount you are subtracting from your spouse's income Significant in the amount you are subtracting from your spouse's income Significant in the amount you are subtracting from your spouse's income Significant in the amount you are subtracting from your spouse's income Significant in the amount you are subtracting from your spouse's income Significant in the amount you are subtracting from your spouse's income Significant in the amount you are subtracting from your spouse's income	2.	_ •					
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☐ Yes. Fill in \$0 for the total on line 3. 3. Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents. Follow these steps: On line 11, Column B of Form 122A-1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents? ■ No. Fill in 0 for the total on line 3. ☐ Yes. Fill in the information below: State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. Fill in the amount you are subtracting from your spouse's income \$ \$ Total. \$ Copy total here=> \$ 0.00		_					
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State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. Size each purpose for which the income was used Fill in the amount you are subtracting from your spouse's income		No. Fill in 0 for the total on line 2					
State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. Sill in the amount you are subtracting from your spouse's income							
For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents. \$		_ ,					
\$		For example, the income is used to pay your spouse's tax debt or to	are subtra	acting f	rom		
\$			\$				
Total. \$ Copy total here=> \$ 0.00					-		
Total. \$ 0.00 Copy total here=> \$ 0.00			\$		-		
Copy total here=> \$ 0.00			\$		-		
Copy total here=> \$ 0.00		Total.	\$	0.00			
4. Adjust your current monthly income. Subtract line 3 from line 1. \$ 8,454.66					Copy total here=	:> - \$	0.00
4. Adjust your current monthly income. Subtract line 3 from line 1.							
	4.	Adjust your current monthly income. Subtract line 3 from line 1.				\$	8,454.66

Official Form 122A-2

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Debtor 1	Jeffrey Michael Baber		Case number	(if known)	
Part 2:	Calculate Your Deductions from Your Income				
to ar	Internal Revenue Service (IRS) issues National and nswer the questions in lines 6-15. To find the IRS sta uctions for this form. This information may also be	andards, go online	using the link speci	ified in the separate	ounts
your	uct the expense amounts set out in lines 6-15 regardless actual expenses if they are higher than the standards. In the in line 3 and do not deduct any operating expenses to	Do not deduct any a	nounts that you subt	racted fro your spouse's	
If you	ur expenses differ from month to month, enter the avera	ge expense.			
Whe	never this part of the from refers to you, it means both y	ou and your spouse	if Column B of Form	122A-1 is filled in.	
5.	The number of people used in determining your dec	ductions from inco	me		
	Fill in the number of people who could be claimed as explus the number of any additional dependents whom you the number of people in your household.				
Natio	onal Standards You must use the IRS National	al Standards to ansv	ver the questions in li	ines 6-7.	
	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, and		l in line 5 and the IRS	S National \$_	2,206.00
7.		nd other items. ber of people you er mber of people is sp e a higher IRS allow	ntered in line 5 and th lit into two categories ance for health care o	\$_ ne IRS National Standard speople who are under	ds, fill in 65 and
7.	Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The nup people who are 65 or older-because older people have	nd other items. ber of people you er mber of people is sp e a higher IRS allow	ntered in line 5 and th lit into two categories ance for health care o	\$_ ne IRS National Standard speople who are under	ds, fill in 65 and
7.	Standards, fill in the dollar amount for food, clothing, an Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The nur people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additi	nd other items. ber of people you er mber of people is sp e a higher IRS allow	ntered in line 5 and th lit into two categories ance for health care o	\$_ ne IRS National Standard speople who are under	ds, fill in 65 and
7.	Standards, fill in the dollar amount for food, clothing, an Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The nur people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional pole who are under 65 years of age	d other items. ber of people you er mber of people is sp e a higher IRS allow onal amount on line	ntered in line 5 and th lit into two categories ance for health care o	\$_ ne IRS National Standard speople who are under	ds, fill in 65 and
7.	Standards, fill in the dollar amount for food, clothing, an Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The nur people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional who are under 65 years of age 7a. Out-of-pocket health care allowance per person	ber of people you en mber of people is special and amount on line \$\$	ntered in line 5 and th lit into two categories ance for health care o	se IRS National Standards-people who are under costs. If your actual expe	ds, fill in 65 and
7.	Standards, fill in the dollar amount for food, clothing, an Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The number of people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional endough of the control of the care allowance per person. The standard of the control of the control of the care allowance per person. The standard of the control of the control of the care allowance per person.	ber of people you er mber of people is spea higher IRS allows onal amount on line \$	ntered in line 5 and th lit into two categories ance for health care of 22.	se IRS National Standards-people who are under costs. If your actual expe	ds, fill in 65 and
7. Peop	Standards, fill in the dollar amount for food, clothing, an Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The numpeople who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional endough the second of the seco	ber of people you er mber of people is spea higher IRS allows onal amount on line \$	ntered in line 5 and th lit into two categories ance for health care of 22.	se IRS National Standards-people who are under costs. If your actual expe	ds, fill in 65 and
7. Peop	Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The number people who are 65 or older-because older people have higher than this IRS amount, you may deduct the additional whole who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b.	the other items. ber of people you enumber of people is special and a higher IRS allows on all amount on line \$ 55.00 X 5 \$ 275.00	ntered in line 5 and th lit into two categories ance for health care of 22.	se IRS National Standards-people who are under costs. If your actual expe	ds, fill in 65 and
Peop	Out-of-pocket health care allowance: Using the num the dollar amount for out-of-pocket health care. The num people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additione who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 7c. Subtotal. Multiply line 7a by line 7b. Ole who are 65 years of age or older 7d. Out-of-pocket health care allowance per person	the dother items. the of people you erember of people is special higher IRS allows on all amount on line \$ 55.00 X 5 \$ 275.00 \$ 114.00	ntered in line 5 and th lit into two categories ance for health care of 22.	te IRS National Standard specific suppose the improvement of the impro	ds, fill in 65 and

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Debtor 1 Jeffrey Michael Baber Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 681.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,296.00 \$ listed for your county for mortgage or rent expenses..... 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of the creditor Average monthly payment **United Wholesale Mortgage** 1.535.05 \$ Repeat this Copy amount on

Total average monthly payment \$ 1,535.05 here=> -\$ 1,535.05 amount or line 33a.

9c. Net mortgage or rent expense.

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.239.05

Explain why: Additional amount of house payment

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

□ 0. Go to line 14.

1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

Official Form 122A-2

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Jeffrey Michael Baber Debtor 1 Case number (if known) Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 Describe Vehicle 1: 2018 Ford Escape 13a. Ownership or leasing costs using IRS Local Standard..... 508.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment Ford Motor Credit Co. 211.22 Repeat this **Total Average Monthly Payment** \$ 211.22 -\$ 211.22 here => 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this amount is less than \$0, enter \$0. expense 296.78 296.78 here => \$ Vehicle 2 **Describe Vehicle 2:** 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Сору Repeat this here amount on **Total Average Monthly Payment** 0.00 Copy net 13f. Net Vehicle 2 ownership or lease expense Vehicle 2 Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0. expense 0.00 0.00 here => \$ 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public 0.00 Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Jeffrey Michael Baber Case number (if known)

Oth		In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	for	
16.	self-employment taxes, social your pay for these taxes. Ho	nount that you will actually owe for federal, state and local taxes, such as income taxes, all security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 am the total monthly amount that is withheld to pay for taxes.		
	Do not include real estate, s	ales, or use taxes.	\$	2,331.17
17.	Involuntary deductions: The contributions, union dues, and	ne total monthly payroll deductions that your job requires, such as retirement and uniform costs.		
	Do not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	76.60
18.	filing together, include paym	onthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life its, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$	0.00
19.		The total monthly amount that you pay as required by the order of a court or as spousal or child support payments.		
	Do not include payments on	past due obligations for spousal or child support. You will list these obligations in line 35.	\$	700.00
20.	Education: The total month as a condition for your job	ly amount that you pay for education that is either required:		
	for your physically or mer	ntally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthly	y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for	any elementary or secondary school education.	\$	0.00
22.	that is required for the health	enses, excluding insurance costs: The monthly amount that you pay for health care and welfare of you or your dependents and that is not reimbursed by insurance or paid. Include only the amount that is more than the total entered in line 7.		
	Payments for health insuran	ce or health savings accounts should be listed only in line 25.	\$	0.00
23.	for you and your dependents	lephone services: The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of d by your employer.		
	. ,	basic home telephone, internet and cell phone service. Do not include self-employment ported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	0.00
24.	Add all of the expenses all Add lines 6 through 23.	lowed under the IRS expense allowances.	\$	6,996.60

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Debtor 1 **Jeffrey Michael Baber** Case number (if known)

Add	litional Expense Deductions These are additional deduc	ctions allowed by the	e Means Test.		
	Note: Do not include any e	expense allowances	isted in lines 6-24.		
25.					
	Health insurance \$	0.00			
	Disability insurance \$	0.00			
	Health savings account + \$	0.00			
	Total \$	0.00	Copy total here=>	\$	0.00
	Do you actually spend this total amount?				
	☐ No. How much do you actually spend?				
	Yes \$	S			
26.	Continued contributions to the care of household or far continue to pay for the reasonable and necessary care and your household or member of your immediate family who is include contributions to an account of a qualified ABLE prog	support of an elderly unable to pay for su	c, chronically ill, or disabled member of ch expenses. These expenses may	\$	0.00
27.	Protection against family violence. The reasonably neces				
	safety of you and your family under the Family Violence Pre				
	By law, the court must keep the nature of these expenses co	onfidential.		\$	0.00
28.	Additional home energy costs. Your home energy costs a	are included in your i	nsurance and operating expenses on		
	line 8.				
	If you believe that you have home energy costs that are mo 8, then fill in the excess amount of home energy costs.	re than the home en	ergy costs included in expenses on line		
	You must give your case trustee documentation of your actuamount claimed is reasonable and necessary.	ual expenses, and yo	ou must show that the additional	\$	0.00
29.	Education expenses for dependent children who are yo \$170.83* per child) that you pay for your dependent children public elementary or secondary school.	unger than 18. The n who are younger th	monthly expenses (not more than an 18 years old to attend a private or		
	You must give your case trustee documentation of your actuclaimed is reasonable and necessary and not already account				
	* Subject to adjustment on 4/01/22, and every 3 years after	that for cases begur	on or after the date of adjustment.	\$	0.00
30.	Additional food and clothing expense. The monthly amount higher than the combined food and clothing allowances in the than 5% of the food and clothing allowances in the IRS National States (1997).	ne IRS National Star			
	To find a chart showing the maximum additional allowance, instructions for this form. This chart may also be available a				
	You must show that the additional amount claimed is reason	nable and necessary	·	\$	0.00
31.	Continuing charitable contributions. The amount that you instruments to a religious or charitable organization. 26 U.S		tribute in the form of cash or financial	+\$	0.00
32.	Add all of the additional expense deductions. Add lines 25 through 31.			\$	0.00

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Debtor 1 **Jeffrey Michael Baber** Case number (if known)

Dedu	etians for Dobt Daymont					
	ctions for Debt Payment					
	or debts that are secured by an interes ans, and other secured debt, fill in line	t in property that you own, including homs 33a through 33e.	ne mort	gages, vehicle		
	o calculate the total average monthly payleditor in the 60 months after you file for b	ment, add all amounts that are contractually ankruptcy. Then divide by 60.	due to	each secured		
	Mortgages on your home:					verage monthly
33a.	Copy line 9b here				=> \$	1,535.05
	Loans on your first two vehicles:					
3b.	Copy line 13b here				.=> \$	211.22
3c.					=> \$	0.00
3d.	List other secured debts:				-	
lame	of each creditor for other secured debt	Identify property that secures the debt		Does paymer include taxes insurance?		
				□ No		
	-NONE-			☐ No	ď	
-	<u> </u>	-		_ ies	\$.	
				□ No		
				☐ Yes	\$	
-				_	-	
				□ No		
-				_ D Yes	+\$	
					Conv	
13e	Total average monthly payment. Add line	es 33a through 33d	\$	1.746.27	Copy	s 1.746.2°
33e.	Total average monthly payment. Add line	es 33a through 33d	\$_	1,746.27		\$1,746.2
84. A ı	re any debts that you listed in line 33 s	es 33a through 33d ecured by your primary residence, a vehi pport or the support of your dependents?	cle,	1,746.27	total	\$1,746.2
84. Aı or	re any debts that you listed in line 33 s other property necessary for your sul No. Go to line 35.	ecured by your primary residence, a vehi oport or the support of your dependents?	cle,	1,746.27	total	\$1,746.2
4. Aı or	re any debts that you listed in line 33 so other property necessary for your sull No. Go to line 35. Yes. State any amount that you must	ecured by your primary residence, a vehiceport or the support of your dependents? pay to a creditor, in addition to the payments ion of your property (called the cure amount)	cle,	1,746.27	total	\$1,746.2
i4. Ai or □	re any debts that you listed in line 33 s other property necessary for your sul No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess	ecured by your primary residence, a vehiceport or the support of your dependents? pay to a creditor, in addition to the payments ion of your property (called the cure amount)	cle,	1,746.27 Total cure amount	total	\$ 1,746.2
34. Aı or ■	re any debts that you listed in line 33 strother property necessary for your sult in No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the interest of the creditor.	ecured by your primary residence, a vehiceport or the support of your dependents? pay to a creditor, in addition to the payments ion of your property (called the cure amount information below.	cle,	Total cure	total	Monthly cure
34. Ai or □	re any debts that you listed in line 33 strother property necessary for your sult in No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the interest of the creditor.	ecured by your primary residence, a vehiceport or the support of your dependents? pay to a creditor, in addition to the payments ion of your property (called the cure amount information below.	cle,	Total cure amount	total here=>	Monthly cure
34. Ai or	re any debts that you listed in line 33 strother property necessary for your sult in No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the interest of the creditor.	ecured by your primary residence, a vehiceport or the support of your dependents? pay to a creditor, in addition to the payments ion of your property (called the cure amount information below.	cle,	Total cure amount	total here=>	Monthly cure
34. Ai or □	re any debts that you listed in line 33 strother property necessary for your sult in No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the interest of the creditor.	ecured by your primary residence, a vehiceport or the support of your dependents? pay to a creditor, in addition to the payments ion of your property (called the cure amount) information below. Identify property that secures the debt	cle,	Total cure amount	total here=>	Monthly cure amount
4. Ai or	re any debts that you listed in line 33 strother property necessary for your sult in No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the interest of the creditor.	ecured by your primary residence, a vehiceport or the support of your dependents? pay to a creditor, in addition to the payments ion of your property (called the cure amount) information below. Identify property that secures the debt	cle,	Total cure amount	total here=>	Monthly cure amount
Name	re any debts that you listed in line 33 s other property necessary for your sul No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the i e of the creditor	ecured by your primary residence, a vehicle poor or the support of your dependents? pay to a creditor, in addition to the payments ion of your property (called the cure amount information below. Identify property that secures the debt Total	cle,	Total cure amount	total here=>	Monthly cure amount
Name	re any debts that you listed in line 33 strother property necessary for your sult in No. Go to line 35. I Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the interest of the creditor. NE- D you owe any priority claims such as e past due as of the filling date of your	ecured by your primary residence, a vehicle poor or the support of your dependents? pay to a creditor, in addition to the payments ion of your property (called the cure amount information below. Identify property that secures the debt Total	cle,	Total cure amount	total here=>	Monthly cure amount
Name -NO ar	re any debts that you listed in line 33 strother property necessary for your sult No. Go to line 35. Yes. State any amount that you must listed in line 33, to keep possess Next, divide by 60 and fill in the interest of the creditor. NE- December 20 you owe any priority claims such as the past due as of the filling date of your No. Go to line 36.	pay to a creditor, in addition to the payments ion of your property (called the cure amount) information below. Identify property that secures the debt Total priority tax, child support, or alimony bankruptcy case? 11 U.S.C. § 507.	cle,	Total cure amount	total here=>	Monthly cure amount

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Debtor 1	Jettr	ey Michael Baber		Ca	se n	number (if known)
F	or more	eligible to file a case under Chapter 13? 11 U.S.C. § information, go online using the link for <i>Bankruptcy Bas</i> as for this form. <i>Bankruptcy Basics</i> may also be available	ics specifi			
	No.	Go to line 37.				
		Fill in the following information.				
		Projected monthly plan payment if you were filing unde	r Chapter	13	\$	
		Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for di and North Carolina) or by the Executive Office for Unite (for all other districts).	istricts in A	Nabama	X	
		To find a list of district multipliers that includes your district link specified in the separate instructions for this for be available at the bankruptcy clerk's office.				Copy total
		Average monthly administrative expense if you were fill	ing under	Chapter 13		\$ here=> \$
		of the deductions for debt payment. s 33e through 36.				\$1,746.27
Tota	l Deduc	tions from Income				
38. A	dd all o	f the allowed deductions.				
		e 24, All of the expenses allowed under IRS e allowances	\$	6,996.6	0	
	Copy lin	e 32, All of the additional expense deductions	\$	0.0	0	
	Copy lin	e 37, All of the deductions for debt payment	+\$	1,746.2	7	
		Total deductions	\$	8,742.8	7_	Copy total here=> \$ 8,742.87
Part 3:	Det	ermine Whether There is a Presumption of Abuse				
39. C	alculate	e monthly disposable income for 60 months				
	39a. Co	py line 4, adjusted current monthly income	\$	8,454.6	6	
		py line 38, Total deductions	- \$	8,742.8	7	
	39c. Mo	nthly disposable income. 11 U.S.C. § 707(b)(2). otract line 39b from line 39a	\$	-288.2	1	Copy here=>\$ -288.21
	For the	next 60 months (5 years)				x 60
		, , , , , , , , , , , , , , , , , , ,				
	39d. To ʻ	tal. Multiply line 39c by 60	390	d. \$	-17	7,292.60 Copy here=> \$17,292.60
40. F	ind out	whether there is a presumption of abuse. Check the	box that a	pplies:		
ı	■ The I	ine 39d is less than \$8,175*. On the top of page 1 of th	is form, ch	neck box 1, <i>Th</i>	nere	e is no presumption of abuse. Go to Part 5.
[ine 39d is more than \$13,650*. On the top of page 1 of if you claim special circumstances. Go to Part 5.	this form,	check box 2,	The	ere is a presumption of abuse. You may fill out
Г] The I	ne 39d is at least \$8,175*, but not more than \$13,650)*. Go to lii	ne 41.		
		to adjustment on 4/01/22, and every 3 years after that for			the	date of adjustment.

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ebtor 1	Jeffr	rey Michael Baber	Case	e number (if	known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled a Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.		\$x	.25		
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i) Multiply line 41a by 0.25	,	\$		Copy here=>	\$
25	% of y	ne whether the income you have left over after subtracting all allowed do our unsecured, nonpriority debt. e box that applies:	educ	ctions is	enough to p	ay	
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>Th</i> Part 5.	ere i	is no pre	sumption of a	buse.	
		39d is equal to or more than line 41b. On the top of page 1 of this form, chamption of abuse. You may fill out Part 4 if you claim special circumstances. T					
art 4:	Giv	e Details About Special Circumstances					
_	es. Fill ite Yo ne ad	in the following information. All figures should reflect your average monthly em. You may include expenses you listed in line 25. u must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments.	e exp	penses o your actu	r income adju al expenses	istments or income	ach
	G	ive a detailed explanation of the special circumstances			onthly expen adjustment	se	
	R	eceived all of July income in June	\$	S	1,095	.57	
	_		\$	S			
	_		\$	S			
	_		\$	S			
art 5:	Sig	n Below					
	By si	gning here, I declare under penalty of perjury that the information on this state	emei	nt and in	any attachme	ents is true	and correct.
	X /s/	Jeffrey Michael Baber					
	Je	ffrey Michael Baber gnature of Debtor 1					
Da	te Au	igust 7, 2019 M/DD /YYYY					

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.